

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

JAN 16 1942

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

42702

State File No.

Registration District No. 668

Primary Registration District No. 3032

Registrar's No. 366

1. PLACE OF DEATH:

(a) County Pettis
(b) City or town Sedalia City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
1205 S. Montgomery
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. (Specify whether
In this community. years, months or days)

3. (a) PRINT FULL NAME Jim Frank Maness

3. (b) If veteran, name war. 3. (c) Social Security No.

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Amanda 6. (c) Age of husband or wife if alive years

7. Birth date of deceased March 3 1858
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
83 9 14 hr. min.

9. Birthplace Unknown
(City, town, or county) (State or foreign country)

10. Usual occupation Retired

11. Industry or business.

12. Name Unknown

13. Birthplace Unknown
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Geo. Maness

(b) Address Sedalia, Missouri

17. (a) Burial (b) Date thereof 12/19/41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Crown Hill

18. (a) Signature of funeral director Gillespie Funeral Home

(b) Address Sedalia, Missouri

19. 12/19/41 (b) Miss Anna Berger
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pettis
(c) City or town Sedalia
(If outside city or town limits, write "RURAL")
(d) Street No. 1205 S. Montgomery
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 17
year 1941 hour 12:15 minute P M.

21. I hereby certify that I attended the deceased from Jan 1, 1934
19 to Dec 17 1941;
that I last saw him alive on Dec 17 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death. Epididymitis of the Testis
Duration 4 years

Due to.
Due to.

Other conditions. Chronic Myocarditis 10 yrs
(Include pregnancy within 3 months of death)

Major findings: None
Of operations. 53
Of autopsy None
PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) no
(b) Date of occurrence None
(c) Where did injury occur? None
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
None
While at work? (Specify type of place) (e) Means of injury None

23. Signature John B. Quincey M.D. (M. D. or other)
Address Sedalia Mo Date signed 12-19-41

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed ... 1-14-42 ...

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed L. E. Berichin

Licensed Embalmer No. 3867

P. O. Address Seaside Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.